



**DEPARTMENT OF INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES**

**TRANSITION PLANNING
FORM**

- ☐ **FOR Change in Home Only**
- ☐ **FOR Change in Residential Provider**
- ☐ **FOR Change in Home and Provider**

To Be submitted electronically

(Person's Name)

(Meeting Date)

ISC Agency:
Current Provider:
New Provider:
Target Transition Date:
New address:

TRANSITION PLANNING ACTIVITIES:

(Instruction: All of the activities listed below must be addressed in reviewing and preparing for an upcoming transition. For any activity not completed, explain why and the steps to be taken to address the activity in the comments section.)

1. Reason for the transition: *What is the specific reason for the transition? What is the benefit to the person? If the transition is the result of dissatisfaction with the current service provider, was the complaint /concern discussed with the agency's or DIDD complaints resolution staff? If no, why not? What choices or options (including this transition) were discussed with the person and COS?*
Is the person and / or conservator in agreement with this move? If there is disagreement about the appropriateness of the move, list the reason for the disagreement and the reason the transition is being pursued without that agreement.
2. Describe how the characteristics of the new home (i.e. home styles, no stairs, accessibility, location, terrain, storage needs, will the landlord allow these modifications) meet the person's needs. (N/A if there will be no change in home.) ☐
N/A
3. Describe how the characteristics of the new housemate(s) make them a good match for the person. (N/A if there will be no change in housemates) ☐
N/A
4. Budget Information:
 - a. The current residential provider has developed a personal budget. ☐ ☐
Yes No
 - b. The person can afford moving expenses. ☐ ☐
Yes No
 - c. The person will be able to live within their means.
If No, explain how these issues will be resolved: ☐ ☐
Yes No
 - d. Will there be any additional monthly expenses with this transition?
If yes, explain: ☐ ☐
Yes No
5. What cross training is needed to ensure a smooth transition for the person? (i.e. staff instructions, BSP, ISP, shadowing, etc.) NA if there will be no change in staff. ☐
N/A
6. Mobility – If the answer to either question below is yes, contact the person's OT or PT OR the appropriate Regional Therapeutic Services staff to determine if a therapeutic site assessment is needed. (If modifications are found to be needed, ISC will follow up with the appropriate therapist to request documentation that the modifications have been completed prior to the move.)

Does the person use mobility devices? ☐ ☐
Yes No

Does the person have a history of falls? ☐ ☐
Yes No

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If modifications are found to be needed, what is the estimated date of completion?

If unable to complete modifications prior to the move, what is the plan to make sure the person's needs are met?

7. List COS members and others who were involved in developing this transition plan:

COMMENTS & NOTES: